

The 6th International Medical Congress for Students and Young Doctors**16. MUSCULOSKELETAL MANIFESTATIONS OF INFECTIVE ENDOCARDITIS****Vera Torgai, Natalia Spancioc, Elena Samohvalov, Ala Ivasi, Elisei Ceban**

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Introduction: Musculoskeletal manifestations in patients with infective endocarditis (IE) constitute 28-50%: artralgiias (30%), mialgiias (20%), lumbalgias (16%), arthritis (5,4%) and sinovitis (2,8 %). In mitral valve implication the rate of mortality consists from 37%, but in IE that is complicated with congestive heart failure – 65-85%.

Clinical case: Pacient X, 71 years old, Diagnostics: active IE, stafilococcical etiology, with MV affecting (vegetations 2,5 mm), MV failure III degree, TsV failure II degree. HF III NYHA. Osteoarthritis, nodular form, III degree in association with rheumatoid arthritis, poliarthritis III degree. ACVD. Ictus in medium cerebral artery in the left.

Results: subfebrility, palpitations, artralgiias, fatiguee. Objective: hemiparesis in the right, motoric afazy, morning stiffness – 2 hours, simetric arthritis in the metacarpo-falangian region, proximal interfalangian region, palore of the skin. Cardiac sounds are rhythmic, BP-170/80 mmHg. FCC-96 b/min. Hemoculture - *Staphylococcus aureus*. Leucocitosis, limphopenia, ESR elevated. Biochemistry: Pozitive Latex test, hipercreatininemy, uremy, elevated range of transaminasis. Urine analisys: leucocitury, hematury. ECG: Synusal tahicardy 100 b/min, left ventricle hypetrophy. Computer tomography (CT): CT sighns for ictus ischemic on the left. Multiple consecuanes of the lacunar infarction that was supported bilateral in external capsula.

Treatment: antibacterian, antimicotic, nonsteroidal antiinflammatory drugs, rheological, vascular, antiaritmie, diuretics.

Conclusions: patients with IE with the background of rheumatoid arthritis usually presents stafilococcical *trigger*, affecting mitral valve, complicated with congestive heart failure, ictus and cerebral oedema, that fatal defavorisates the prognosis.

Key words: endocarditis, reumatiod, arthritis, staphilococical

17. AGGRESSIVE APPROACH IN GLIOBLASTOMA MULTIFORME. RARE CASE OF LONG TERM SURVIVAL**Ioana Varvari**

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Introduction: Glioblastoma is the most common and aggressive primary brain tumor and, as a result, carries a very poor prognosis. Although average survival period ranges from 6 to 12 months